				SI	RF Dis	burse	ement Request Form								
Participant Info	mation					50.00									
Name:	Cit	y of West Laf	ayette					SRF Loan Nur	nber:		WW 12	279220	26		
DUNS Number:		04 455 26	36	CCR Number:		61	NKJ2	Request Numb	Request Number: 20						
Mailing Address:		609 West Na	vajo Stree	et											
City:	We	st Lafayette		State:	IN			Zip Code:	47906	,					
Contact Person:			Judith	C. Rhodes,	Clerk-1	reası	urer	Contact Phone	Number:	(765) 775-5150					
Authorized Repres	entative	:	Mayor	John R. Der	nnis, or	Cleri	k-Treas. Judith C. Rhodes	Auth, Rep. Pho	one Numbe	r (765) 775-5100					
If requesting reimbursement to the Participant by wire transfer, please provide the following information:															
Bank Name:								Bank Routing	Number:						
Account Name:									er:				-		
Loan Informatio	n 🤃													100	
Description of work fees, type of work)		ch claim is being	made (servic	^{ces,} North	nside Re	egiona	al Lift Station and Force Ma	in							
Is any part of this o	laim fun	ded by an alterna	ate funding s	ource?				•				YES	Ø	МО	
If yes, plea	se ident	ify the source an	d amount of	the claim funde	d by the	alterna	te source (OCRA, SAP, Local Fu	nds):							
Source:					Amoun	t:			\$0						
Is any part of this o	laim fun	ded by the Indiar	na Brownfield	d's Program?								YES	\(\overline{1}\)	NO	
Has the Participan	t paid the	e request and is i	now seeking	reimbursement	t?							YES	ত	NO	
is any part of this o	claim a re	esult of a change	order?	If yes, please a	attach the	SRF o	change order approval letter.					YES	১	NO	
Are there Green P	roject Re	eserve compone	nts involved i	in this request?								YE5	১	NO	
If yes, plea	se desc	If yes, please describe:													
Loan Financial	Informa	ition													
Loan Financial Original Loan A	Verricon verr	AND THE PARTY OF THE PARTY OF THE PARTY.											\$4,200),000	
Contract the Contract of Contr	mount:		ients:										\$4,200 \$1,534	-	
Original Loan A	mount: f Previc	ous Disbursem										•	_	1,394	
Original Loan A	mount: f Previo	ous Disbursem r this Disburse	ement:									•	\$1,534 \$2,623	1,394	
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REC'D AUG 1 9 2013



100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1986 www.greeley-hansen.com

August 9, 2013

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906 WWTU AUG 1 6 2013

Subject:

North Side Regional Lift Station and Force Main

Invoice No. 384533

Dear David:

The enclosed invoice is for services related to the North Side Regional Lift Station and Force Main project in accordance with the agreement dated September 28, 2009. Invoice No. 384533 covers services provided from July 6, 2013 through August 2, 2013 including:

- · Review of the following Submittals:
 - 05120-001 Structural Steel
 - o 08310-002 Access Hatches
 - o 08451-001 Channel Glass System PD
 - 08451-002 Channel Glass System SD
 - o 08451-003 Channel Glass System Sample
 - o 07420-006 Centria CS260 Panels Color Chip
 - o 07420-007 Centria Graphix Panels Color Chip
 - o 07420-008 Centria Diminsion Panel Color Chip
 - o 13100-001 Lightning Protection
 - o 16060-001 Grounding
 - o 16121-001 Wire/Cable
 - o 16130-001 Electrical Raceway Systems
 - o 16266-001 Adjustable Frequency Drives
- Review of the following RFI's:
 - o No. 13 Generator Conduit
 - o No. 14 Ductbank Under Electrical Building
 - o No. 15 Generator Pad/Ductbank XConflict
 - No. 16 Sliding Gate RFI 1
 - No. 17 Sliding Gate RFI 2
 - No. 18 Crown Industrial RFI 3
- Prepared Meeting Agenda & Notes for July 10th Progress Meeting
- Prepared RFP No. 6 Electrical Room Conduit Change
- Prepared RFP No. 7 Fiber Patch Panel Deletion
- RPR Services
- Continued coordination with RL Turner, SRF, PRF, Schneider, and City related to ARPL.

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Angh M. Jerneh

Joseph M. Teusch

Jmt/img



For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number. Invoice Number:

NORTH SIDE REGIONAL LIFT STATION AND FORCE MAINS

Description:

CITY OF WEST LAFAYETTE
ATTN: MR, DAVID HENDERSON
UTILITY DIRECTOR 500 SOUTH RIVER ROAD WEST LAFAYETTE, IN 47906

Customer Number,

0791

Project Number: Project Name:

Total Labor

0791C.01 NORTH SIDE REGIONAL LS&FM NET 30

Terms: Due Date:

09/08/13

DL 3.20 Off, 3.0 Fld

Architectural Servs Sub-Consultants Travel

Printing Total ODC's

Mark-up on ODC's Mark-up Subtotal

Invoice Total

Current Incurred Hours:

INV-0000384533

Invoice Date:

08/09/13

Remit To: GREELEY AND HANSEN LBX 619776 P.O. Box 6197 CHICAGO, 60680-6197

USA

Contract Value \$869,600.00

Cost: Fee: Total:

\$0.00 \$869,600.00

Cumulative Amount Billed:

\$678,541.74

Billing Period From:07/06/13 To:08/02/13

Current Cumulative Amount Amount \$42,178.95 \$520,903.28 \$42,178.95 \$520,903.28 \$58,711,78 93,263.64 \$0.00 0.00 67.80 555.27 0.00 507,44 \$67.80 \$153,038.13 \$4,600.33 \$0.00 \$0.00 \$4,600.33

\$42,246.75

\$678,541.74

317.25



For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:	33	Project Number.	0791C.01		
Invoice Number:	INV-0000384533	Project Name:	NORTH SIDE REGIONAL LS&FM	Invoice Date:	08/09/13

Non-T&M Labor Supporting Schedule

Group Description:	Total Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	· Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	TEUSCH, JOSEPH M		40.50	\$2,246,13
02 CIVIL-SANITARY ENGINEER	HARDY, JEREMY D		53,75	1,975,85
09 INTERN 22 CONSTRUCTION ENGINEER	ANDERSON, ELLIOT S GELLER, GREG M		5.00 154.00	85.00 6,609.68
23 CONSTRUCTION TECHNICIAN	MONTGOMERY, BRENDAN M		22.00	659.12
32 ELECTRICAL ENGINEER	KROENUNG, JEFFREY C		12.00	482.64
35 ELECTRICAL DES SUPERVISOR	ZANKO, RON W		30.00	1,576.80
DL 3.20 Off, 3.0 Fld			317.25	\$13,635,22
Total Labor			317.25	\$13,635,22



For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:	33	Project Number.	0791C.01		
Invoice Number:	INV-0000384533	Project Name:	NORTH SIDE REGIONAL LS&FM	Invoice Date:	08/09/13
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Non-Labor Supporting Schedule

Group Description:	Total ODC's					
Description Line Description:	Transaction	JE No./ Vchr No.	Current FY/Pd	Vendor	Invoice ID	Current Amount
Travel Local Total: Travel	<u>Travel</u> Travel Local	219017	2013/8	JEREMY HARDY	EXP 7/10/13	\$67,80
Total ODC's						\$67.80 \$67.80

CLIENT OR P	URPOSE						EMPLOYE	E NA	ME		EMPLOYER	E NO.	ORG	DATE	
_					İ		Jeremy Hardy					125	FROM 7/10/2013	TO 7/10/2013	
Progress	Meeting PROJECT INFOR	MATION			 	1	Jerem	y Har	ay		8652		125	7710/2013	7710/2013
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